## L22000215144

(Requestor's Name)
(Requestors Ivame)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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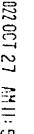
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BECRETARY OF STATE TALLAHASSEE, FL



## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

TRANG A SUBJECT:	ND FAMILY INVESTMENT	S LLC	,	
SUBJECT.	Name of Lim	ited Liability Company		٠
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KENNY DUONG			
		Name of Person		
		Firm/Company		
	3606 W PLATT ST			
		Address		
	TAMPA, FL 33609			<b>20</b> 7
		ZZ O		
	trangandfamilylle@gmail.e			
	E-mail address. (	to be used for future annual report noti	fication)	27 FRY
For further information c	oncerning this matter, please c	all:		
KENNY DUONG		407 592-3302 at ()		2022 OCT 27 AHII: 53 SECRETARY OF STATE TALLAPASSEE FL
Name o	t Person		e Telephone Number	, η ω
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addres</u> Registration	Section	<u>Street Address:</u> Registration Se		
Division of C	•	Division of Cor The Centre of T	•	
P.O. Box 632 Tallahassee,		2415 N. Monro		10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on O5/06/2022 and assigned Florida document number L22000215144

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BON)

B. If amending the registered agent and/or registered office address on our records, enter the name of the nam

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cin

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	TRANG TRUONG	3606 W PLATT ST TAMPA, FL 33609	■Add			
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			□Remove			
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ecord specifies a delayed effective is filed.	date, but n	iot an eff	ective time	e, at 12:0	a.m. on t	ne earlier o	f: (b) T	he 90th	day aft	er the
OCTOBER 25		202	2							
11	—— ~~			· ·						

Typed or printed name of signee